

2006

Montana Individual Income Tax Return (EZ Form)

Form 2EZ

Income tax return for a Montana resident filing as single or married filing jointly with no dependents

Montana

Amended Return <input type="checkbox"/>	Your first name and initial	Last name	Deceased <input type="checkbox"/>	Your social security number
Check the box above if this is an amended return.	Spouse's first name and initial	Last name	Deceased <input type="checkbox"/>	Spouse's social security number
	Home address (number and street)		City	State Zip+4
Filing Status (check only one box)				
1 <input type="checkbox"/> Single		2 <input type="checkbox"/> Married filing jointly		

Exemptions	3a	<input checked="" type="checkbox"/> Yourself.....	1	3a
	3b	<input type="checkbox"/> Spouse (Enter 1 on line 3b if you are filing jointly with your spouse)		3b
3c Add lines 3a and 3b and enter the result here. This is your total exemptions.....				3c

Enter amounts corresponding to your federal return. Round to nearest dollar. If no entry, leave blank.

Income	4	Wages, salaries, tips, etc. Attach federal Form(s) W-2.....		4									
	5	Taxable interest. Attach federal Schedule B if required.....		5									
	6	Unemployment compensation.....		6									
	7	Add lines 5 through 7 and enter the result here. This is your federal adjusted gross income		7									
	8	Exempt unemployment compensation.....		8									
	9	Exemption for certain taxed tips and gratuities.....		9									
	10	Add lines 8 and 9 and enter result here. This is your total subtractions		10									
	11	Subtract line 10 from line 7 and enter the result here. This is your Montana adjusted gross income		11									
	Tax, Payments and Refund	12	Enter your standard deduction from the worksheet on the back of this form.....		12								
		13	Multiply \$?,??? by the number of exemptions on line 3c and enter result here.....		13								
14		Add lines 12 and 13 and enter the result here. This is the total deductions and exemptions		14									
15		Subtract line 14 from line 13 and enter the result here, but not less than zero. This is your taxable income		15									
16		Enter your tax from the tax table on the back of this form. If line 15 is zero, enter zero. This is your total tax due		16									
17		Enter your Montana income tax withheld. Attach federal Form(s) W-2 and 1099. This is your total payments		17									
18		Enter your late file, late pay penalties and interest here. See instructions on page ??) Enter in boxes 19a through 19d your Voluntary Check-off Contributions.		18									
19		<table border="1"> <tr> <th>Nongame wildlife program</th> <th>Child abuse prevention</th> <th>Agriculture in schools</th> <th>End-stage renal disease</th> <th rowspan="2">Enter your total check-off contributions here.</th> </tr> <tr> <td>19a)</td> <td>19b)</td> <td>19c)</td> <td>19d)</td> </tr> </table>	Nongame wildlife program	Child abuse prevention	Agriculture in schools	End-stage renal disease	Enter your total check-off contributions here.	19a)	19b)	19c)	19d)		19
Nongame wildlife program		Child abuse prevention	Agriculture in schools	End-stage renal disease	Enter your total check-off contributions here.								
19a)		19b)	19c)	19d)									
20	Add lines 16, 18, and 19 and enter the result here. This is the sum of your tax, penalty and contributions		20										
21	If line 20 is more than line 17 , enter the difference here. This is the amount you owe . Make check payable to MONTANA DEPARTMENT OF REVENUE or visit our website at www.mt.gov/revenue to pay by credit card or E-check.....		21										
22	If line 20 is less than line 17 , enter the difference here. This is your refund If you wish to use direct deposit, enter your RTN# and ACCT# below.		22										

RTN#		ACCT#		checking	savings
Check the box here if you do not need forms and instructions mailed to you next year. <input type="checkbox"/>		Name, address and telephone number of paid preparer		<input type="checkbox"/> Extension-Check this box and attach a copy of your federal Form 4868 to receive your Montana extension.	
		SSN or FEIN:			

May the DOR discuss this return with your tax preparer? Yes ☐ No ☐ Questions? Call (406) 444-6900 or TDD (406) 444-2830 for hearing impaired.

Your signature is required	Date	Daytime telephone number	Spouse's signature	Date
I declare under penalty of false swearing that the information in this return and attachments is true, correct and complete.				